

FORMS SECTION:

YEAR ONE BUDGET:

Partnership Name:				
One-Stop Budget Categories	Requested State One-Stop Funds	Cost Sharing and Matching Resources Summary		
	Amount	Source	Amount	Total Amount
1. Personnel	\$		\$	\$
2. Fringe Benefits (Rate: _____%)	\$		\$	\$
3. Travel	\$		\$	\$
4. Equipment	\$		\$	\$
5. Supplies	\$		\$	\$
6. Subrecipient Contracts	\$		\$	\$
7. Other	\$		\$	\$
8. Total Direct Costs (Line 1 through Line 7)	\$		\$	\$
9. Indirect Costs (Rate: _____%)	\$		\$	\$
10. Total Funds Requested (Add Line 8 to Line 9)	\$		\$	\$
11. Cash Contribution			\$	\$
12. Total Amount (Add Line 10 to Line 11)			\$	\$

13. Cost Sharing/Match Rate (Line 10 divided by Line 12)	%
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This form is for summary information only. Please attach a detailed cost breakdown of each line item on a separate sheet(s).

YEAR TWO BUDGET:

Partnership Name:		
One-Stop Budget Categories	Continued Funding Sources	Amount
1. Personnel		\$
2. Fringe Benefits (Rate: _____%)		\$
3. Travel		\$
4. Equipment		\$
5. Supplies		\$
6. Subrecipient Contracts		\$
7. Other		\$
8. Total Direct Costs (Line 1 through Line 7)		\$
9. Indirect Costs		%
10. Total Planned Expenditures		\$

QUARTERLY EXPENDITURE PLAN FOR YEAR ONE ONLY:

Partnership Name:					
One-Stop Budget Categories	Funding Quarters				* Cumulative Planned
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Expenditures
1. Personnel	\$	\$	\$	\$	\$
2. Fringe Benefits (Rate: _____%)	\$	\$	\$	\$	\$
3. Travel	\$	\$	\$	\$	\$
4. Equipment	\$	\$	\$	\$	\$
5. Supplies	\$	\$	\$	\$	\$
6. Subrecipient Contracts	\$	\$	\$	\$	\$
7. Other	\$	\$	\$	\$	\$
8. Total Direct Costs (Line 1 through Line 7)	\$	\$	\$	\$	\$
9. Indirect Costs (Rate: _____%)	\$	\$	\$	\$	\$
10. Total Planned Expenditures (Line 8 + Line 9)	\$	\$	\$	\$	\$

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Expenditures
Total Cost Sharing and Matching Resources	\$	\$	\$	\$	\$

* The totals in this column must match your Year One Budget.

ONE-YEAR TIMELINE OF MAJOR TASKS, MILESTONES, AND PRODUCTS:

INSTRUCTIONS:

- Provide a comprehensive one-year timeline detailing major tasks, milestones, and products to be completed using the State One-Stop Career Center System grant funds.
- Organize the timeline quarterly.

Quarter	Major Tasks Specific to Grant Funding	Milestones Specific to Listed Major Tasks	Completion or In-Progress Dates